

MEDICAID SERVICES MANUAL TRANSMITTAL LETTER

June 29, 2007

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM: JOHN LIVERATTI, CHIEF, COMPLIANCE
SUBJECT: MEDICAID SERVICES MANUAL CHANGES

BACKGROUND AND EXPLANATIONS:

These revisions are intended to make the chapter more suited to its purpose, which is to provide guidance to medical professionals on their responsibilities as Medicaid providers. The changes were made considering the audience; to maximize a provider's understanding of policy by seeing it through their eyes.

The new format 'walks' the provider through the sequential phases of involvement: 1.) *how Medicaid works*; 2.) *enrolling as a provider*; 3.) *rules of being a provider*; 4.) *billing for services*; 5.) *receiving payment for services*; 6.) *breaking the rules and the consequences*; and 7.) *resolution to the consequences*.

Since the entire chapter is intended to outline a provider's responsibilities, any sections specifically identified as 'responsibilities' were incorporated into the text for the appropriate subject.

The 'Definitions' were moved to the back of the chapter, creating a 'Glossary', which allows the provider to access policy and procedures without having to 'wade' through information that may not be pertinent or necessary to meet their needs.

Any sections removed from chapter 100 are located in the back of the chapter revision.

MATERIAL TRANSMITTED

MTL 08/07

CHAPTER 100

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Sec. 100 Introduction

Sec. 100.1 Authority

Sec. 101 Overview of Programs

Sec. 101.1 State Plan Services Under 1915i

Sec. 101.1A Needs-Based Criteria

MATERIAL SUPERSEDED

MTL 36/05

CHAPTER 100

Table of Contents 100-105.8

Format and change only

100.1 Introduction – 100.4
Medicaid Services

Sec. 101 Authority

N/A

N/A

Sec. 101.1A Needs-Based Criteria	N/A
Sec. 101.1B Individualized Service Plan	N/A
Sec. 101.1C Covered Services	N/A
Sec. 101.2 Out-of-State Services	N/A
Sec. 101.3 Nevada Medicaid & Nevada Check Up Card	N/A
Sec. 101.3A Eligibility Verification & Card Use	N/A
Sec. 101.3B Child Welfare Recipients	Deleted language that referenced the Temporary Medical Certificates
Sec. 101.3C Restrictions	N/A
Sec. 102 Provider Enrollment	Sec. 102 Definitions
Sec. 102.1 Conditions of Participation	Definition – Act
Sec. 102.2 Out-of-State Provider Participation	Definition – Action
Sec. 102.3 Facility Disclosure	Definition – Activities of Daily Living
Sec 102.3A Provider Disclosure	N/A
Sec 102.4 Disposition of Contract for New Providers	Definition – Admission
Sec 102.4A Certification Statement	Adding language covering electronic payments
Sec 102.4B Contract Approval	N/A
Sec 102.4C Contract Denial	N/A
Sec. 103 Provider Rules & Requirements	Sec 103 Policy
Sec 103.1 Medical Necessity	Sec 103.1 Free Choice of Provider
Sec 103.2 Authorization	Sec 103.2 Nevada Medicaid and Nevada Check Up Eligibility
N/A	Sec. 103.2A Medicaid Eligibility Conditions

Sec 103.3 Provider Reporting Requirements
& Recipients

Sec. 103.3 Safeguarding
Information on Applicants &
Recipients

Sec 103.3A Conditions of Reporting

Sec. 103.3A Medical &
Psychological Information

N/A

Sec 103.3B Provider
Responsibilities

Sec 103.4 Employee Education on False Claims

Sec 103.4 Program Eligibility
& Medicaid Services

Sec. 103.4A Coverage & Limitations

Sec 103.4A Use of Medicaid
Services

N/A

Sec 103.4B Out-of-State Services

Sec 103.5 Safeguarding Information on Applicants
& Recipients

Sec 103.5 Nevada Medicaid &
Nevada Check Up Card

Sec 103.5A Medical & Psychological Information

Sec 103.5A Nevada Medicaid &
Nevada Check Up Card
Information and Use

N/A

Sec 103.5B Provider Responsibility

N/A

Sec 103.5C Recipient
Responsibility

Sec. 103.6 Nondiscrimination & Civil Rights
Compliance

Sec 103.6 Third Party Liability –
Prior Resources

N/A

Sec 103.6A Payment Criteria and
Exceptions

N/A

Sec 103.6B Provider Responsibility

N/A

Sec 103.6C Recipient
Responsibility

N/A

Sec 103.6D NSWDC District Office
Responsibility

N/A

Sec 103.6E Fiscal Agent
Responsibility

Sec. 103.7 Advanced Directive

Sec 103.7 Medicaid Payments

Sec. 103.7A Administration of Advanced Directives	Sec 103.7A Medicaid Payment to Providers
N/A	Sec 103.7B Provider Responsibility
Sec. 103.8 Mutual Agreement in Provider Choice	Sec 103.8 Provider Obligation
N/A	Sec 103.9 Reimbursement
N/A	Sec 103.9A Reimbursement Information & Limitations
N/A	Sec 103.9B Provider Responsibility
N/A	Sec 103.9C Disputed Payment
N/A	Sec 103.10 Medicaid Billing Procedures
N/A	Sec 103.10A Billing Medicaid Recipients
N/A	Sec 103.10B Provider Responsibility
N/A	Sec 103.11 Provider Enrollment
N/A	Sec 103.11A Out-of-State Provider Participation
N/A	Sec 103.12 Conditions of Participation
N/A	Sec 103.13 Provider Reporting Requirements
N/A	Sec 103.13A Conditions of Reporting
N/A	Sec 103.13B Provider Responsibility
N/A	Sec 103.14 Provider Disclosure
N/A	Sec 103.14A Conditions of Provider Disclosure
N/A	Sec 103.14B Provider

		Responsibilities
N/A		Sec 103.15 Disposition of Contract For New Providers
N/A		Sec 103.15A Contract Approval
N/A		Sec 103.15B Contract Denial
N/A		Sec 103.15C Procedures for Contract Denial
N/A		Sec 103.16 Contract Terminations & Non-Renewal
N/A		Sec 103.16A Conditions of Contract Terminations & Non- Renewal
N/A		Sec 103.16B Procedures for Terminations & Non-Renewal
N/A		Sec 103.17 Administrative Contract Terminations
N/A		Sec 103.17A Procedures for Administrative Contract Terminations
N/A		Sec 103.18 Medicaid Agency Action After Investigations/Programs Reviews
N/A		Sec 103.18A Corrective Actions
N/A		Sec 103.18B Provider Responsibilities
N/A		Sec 103.18C Termination & Suspension/Exclusion of Medicaid Provider Enrollment as a Result of Investigation or Program Review
N/A		Sec 103.18D Procedures for Termination & Suspension/Exclusion as a Result of Investigation or Program Review
N/A		Sec 103.19 Reinstatement Rights

N/A	Sec 103.19A Conditions of Reinstatement
N/A	Sec 103.19B Provider Responsibilities
Sec 104 Third Party Liability - Other Health Care Coverage	Sec 104 Appeals & Hearings Related to Claims & Provider Enrollment
Sec 104.1 Payment Limits & Exceptions	N/A
N/A	Sec 104.1A Claims Appeals
N/A	Sec 104.1B Claim Fair Hearings
Sec 104.2 Subrogation	N/A
N/A	Sec 104.2A Provider Enrollment Fair Hearings
Sec 104.3 Health Insurance Premium Payments	N/A
Sec 105 Medicaid Billing & Payment	Sec 105 References & Cross References
Sec 105.1 Medicaid Payments to Providers	Sec 105.1 Nevada Medicaid Provider Support Unit
Sec 105.1A Extended Services	N/A
Sec 105.2 Reimbursement	Sec 105.2 Provider Specific Information
Sec 105.2A Limitations	N/A
Sec 105.2B Billing Timeframes (Stale Dates)	N/A
Sec 105.2C Disputed Payment	N/A
Sec 105.3 Billing Medicaid Recipients	Sec 105.3 Fiscal Agent Contact Information
N/A	Sec 105.4 Eligibility Offices
N/A	Sec 105.5 Nondiscrimination & Civil Rights Compliance

N/A	Sec 105.6 Patient Self-Determination Act (PSDA)(Advanced Directives)
N/A	Sec 105.7 Acronyms
N/A	Sec 105.8 Nevada Medicaid Provider Types
Sec 106 Contract Terminations & Non-Renewal	N/A
Sec 106.1 Conditions of Contract Terminations & Non-Renewal	N/A
Sec 106.1A Procedures for Termination & Non-Renewal	N/A
Sec 106.2 Administrative Contract Terminations	N/A
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Sec 106.3 Medicaid Agency Action After Program Reviews	N/A
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Sec. 106.3B Termination and Suspension/Exclusion Of Medicaid Provider Enrollment from Program Review	N/A
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Sec 108 References & Cross References	N/A
Sec 108.1 Nevada Medicaid Provider Support Unit	N/A
Sec 108.2 Fiscal Agent Contact Information	N/A
Sec 108.3 Field Offices	N/A
Sec 109 Glossary	N/A
Sec 110 Nevada Medicaid Provider Types	N/A